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Role of Psychiatric Hospitalization

1. Introduction- Historical criteria and roles for admission
 - How can we help YOU?
2. Barriers to admission- negative pre-conceived impressions
 - Hospital/MEDICAL
 - Psychiatric unit- What will it mean?
3. The 'Reality'
 - A helpful resource- multidisciplinary team
 - BIOPSYCHOSOCIAL MODEL
4. How to arrange an admission
 - Appropriate screening
 - Discussion of treatment plan BEFORE admission
5. Staff Roles
 - Nursing
 - Occupational Therapy and Recreational Therapy
 - Medical evaluation
 - Pharmacy
 - Group Therapy
 - Patient and Family Services
6. Goals/roles of inpatient treatment
 - Safekeeping- assess risk factors
 - Medication changes in supervised environment
 - Second Opinion
 - diagnosis
 - treatment
 - determine others factors/stressors:
 - mental status changes, medical issues, fluid loading, sleep, interpersonal issues/conflicts as manifested on unit, attitude towards treatment (compliance, effort)
 - Overt break from stressors in home environment
 - New perspective/skills/attitude in response to therapeutic milieu
 - education (including for support system), independence, problem solving
 - Determine other needs-
 - outpatient resources: medical, case management, vocational, family
 - COMMUNICATION with referring outpatient treaters is key
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- STAFFINGS/DISCHARGE PLANNING
ST.MARYS HOSPITAL MEDICAL CENTER
Department of Rehabilitation Services

POLICY/PROCEDURE:

SUBJECT: Scope of Inpatient Psychiatric Occupational Therapy Services

EFFECTIVE DATE: Revised 6/5/00

PURPOSE: To define the scope of occupational therapy services provided to psychiatric patients, and to delineate general procedures.

POLICY: Occupational therapy evaluation and treatment services are provided to psychiatric inpatients and outpatients. General goals are to maximize independence, prevent further disability and to promote and maintain mental health. Goal directed, purposeful activity is provided to aid in the development of adaptive skills and enhancement of performance capacities. Upon receipt of a physician's referral, occupational therapy evaluations and/or assessments are initiated, and results are analyzed in order to establish goals and plans for treatment. In addition, the patient, family members, physician and/or other members of the psychiatric care team are consulted with to assist in developing occupational therapy goals, treatment plans, revised goals and plans, and discharge plans when appropriate. Guidelines for practice are outlined in protocols for specific areas of treatment. The quality and appropriateness of patient care is assessed, and patient progress and results of treatment is recorded on a regular basis. Occupational therapy services are documented in the patient's medical record according to standards established by the department. Patients are charged for involvement in occupational therapy according to the services provided through daily reconciliation on the I-IBOC system.

PROCEDURE:

- I. Referrals - Occupational Therapy services are initiated upon receipt of a written or verbal referral from a physician.

All psychiatric inpatients are considered appropriate for referral to occupational therapy by virtue of the patient's deteriorating mental health that requires inpatient admission.

Physicians' referrals are documented and signed in the "physician's order sheets" in the patient's medical record. Nursing staff is responsible for communicating referral specifications to occupational therapy by entering data into the I-B3OCS system. The HBOC system prints out the referral in the Rehabilitation Services

main office. Office staff are responsible for either calling psychiatric occupational therapy staff to inform them of the referral and/or transmitting the referral in a timely manner.

II. Initiating Services

The designated occupational therapist reviews the inpatient's medical record to assure accuracy of referral specification and to collect data on the patient's condition and care. The therapist contacts the patient for the initial interview and provides an orientation to available occupational therapy services. A schedule and written description of program elements is provided.

III. Functional Assessment

A. Initial Interview Questionnaire

During the initial assessment, the patient is asked to complete the "Initial Interview" questionnaire which addresses the patient's perception of their functioning in the following areas:

1. independent living skills
2. prevocational/work adjustment
3. educational history and skills
4. play/leisure abilities and interests
5. social skills/internalized roles
6. functional coping skills/habit patterns
7. personal causation
8. values/goals
9. physical/social environment

If the patient does not demonstrate adequate skills to complete the written questionnaire, it is administered verbally by the therapist.

B. Allen Cognitive Levels Evaluation (ACL)

This evaluation is administered according to the standards established by the author. Patient performance is rated according to a five level scale. Observation and scoring provides information about new learning capabilities, problem-solving abilities, sensorimotor functions and other task performance. The patient's level of cognitive functioning determines appropriateness of specific treatment modalities and therapeutic groups. It provides additional information regarding abilities needed for independent living and/or the amount of caregiver assistance required.

C. Rosenberg Self-Esteem Scale

This 10 item checklist is completed by patients and scored and interpreted by the therapist.

D. Locus of Control Scale

This evaluation is a 40 question paper and pencil scale to which the patient answers yes or no. It measures the individual's perception of whether they receive motivation and reinforcement for behavior through internal or external factors or beliefs.

E. Performance Based Evaluations

A wide variety of standard occupational therapy evaluations may be used to assess patient's functional performance and sensorimotor skills (see Policy and Procedure # PP3.060).

F. Establishing Goals for Treatment

The therapist meets with the patient to discuss results of the functional evaluation and the initial interview. The patient and therapist collaborate to establish goals for treatment.

G. Documentation

Within 2 working days after receipt of a referral, an assessment is completed and documented in the medical record.

IV. Patient Treatment

Psychiatric patients may be involved in a variety of occupational therapy services, depending upon the individualized goals and plans for treatment. Whenever possible, patients are aware of treatment goals, and are encouraged to actively participate in selection of activities. Treatment may be provided on an individualized basis and/or within a group setting, depending upon the patient's needs. Services provided, patient response to treatment and progress is documented in the patient's medical record on a daily basis. Services may include, but are not limited to the following general program elements:

A. Group Treatment

I. Goal-Oriented Task Group (GOT Group)

This group focuses on the use of individual activities which are graded to match the capacity of the individual. The patient's cognitive level is monitored and documented throughout the course of group involvement. Adjustments in treatment are made accordingly in order to maximize the individual's functional independence.

2. LEAP (Living Enrichment Activities Program) for Geriatric Patients

Groups are conducted in low stimulus atmosphere. Activities are geared to increasing interaction, strength, endurance, time management, and life review, development of new life roles and interests, and adaptation to the aging process

3. Stress Management Coping Group

The main focus of this group is improving intrapersonal skills, that is to deal with one's own body, mind and spirit in an adaptive manner. It utilizes a multi-media approach in exploring ways to deal with inner-life stressors. Handouts are provided for follow-up use.

4. Interpersonal Skills

The main emphasis of this group is dealing with the stressors involved in relationships with others. A variety of activities and techniques are introduced in order to assist patients in developing or reinforcing skills necessary to deal with daily activities and stresses.

B. Individual Treatment

1. Coping Skills - A variety of activities and techniques may be introduced in order to assist patients in developing or reinforcing skills necessary to deal with daily activities and stresses:

- a. RBT ('Rational Behavior Therapy)/Cognitive Therapy.

This program focuses on self-responsibility, separating self-talk and beliefs from emotional reactions, and other methods to release negative thoughts and feelings.

- b. Sensory Remediation Techniques

Treatment for sensory defensiveness is begun on an individual basis and consists of first educating the patient to the frame of reference. Other strategies and activities are explored that can be incorporated into the patient's daily living activities. A "sensory diet" is developed. Act/v/ties may be selected during the Goal-Oriented Task Group which provides opportunities to experience sensory organization. Direct intervention techniques may also be utilized which may include a specific sensory summation technique.

2. Functional Task Skills - Patients are involved in a variety of structured and/or unstructured activities to improve performance in the following

- a. coordination
 - b. concentration
 - c. motivation
 - d. performance standards
 - e. frustration tolerance
 - f. ability to follow directions
 - g. task organization
 - h. decision making
 - i. problem solving
 - j. awareness of capabilities
 - k. task gratification
3. Interpersonal Skills - Individual and group experiences may be provided to assist patients in reducing, isolating behaviors during hospitalization and developing and enhancing the following skills:
- a. engaging in casual conversation
 - b. expressing self by experiencing and recognizing a range of emotions
 - c. using and responding to a range of non-verbal signs and symbols
 - d. cooperating with others
 - e. awareness of one's own ability to function within a group
4. Self Concept- Values clarification experiences projective techniques and self care training may be provided to assist patients in the following:
- a. identifying values and beliefs
 - b. identifying needs and goals
 - c. developing a sense of competence, achievement, self-esteem, self-respect and ability to influence events
 - d. developing an accurate perception of own functional limitations
 - e. developing an appropriate body image
5. Reality Orientation - Confused patients and those receiving electro-convulsive therapy (ECT) are involved in structured activities and reality based feedback to improve the following:
- a. orientation to time, place, date, name, etc.
 - b. concentration
 - c. attention span
 - d. ability to follow directions
 - e. organization of thought processes
 - f. memory
 - g. safety and health practices
6. Self Care - Functional activities, behavior modification, reality based feedback, and training is provided on an individual basis to assist in improving performance areas:

- a. eating
- b. grooming
- c. hygiene
- d. dressing
- e. health care

V. Interdisciplinary Coordination of Services and Review of the Quality and Appropriateness of Patient Care

Daily rounds are attended each weekday by the treatment team who reviews and consults on the current status of all patients. Discharge planning is addressed.

A. Staffings

Interdisciplinary individual patient staffings are held to review results of evaluations and coordinate plans of care. The meeting may include the patient and/or family member. Team members include the physician, occupational therapist, nursing staff, and social worker. Community therapist, recreational therapist or other involved caretaker may participate. Recommendations are documented by the physician in the patient's medical record and on the multidisciplinary staffing care plan.

B. Documentation - Any adjustments in the patient's occupational therapy goals, treatment plans, or approaches are documented in the patient's medical record.

C. Occupational Therapy Quality Assurance Activities - The psychiatric occupational therapy staff participates in the review of the quality and appropriateness of the occupational therapy services provided to the general psychiatric population on an ongoing basis.

VI. Reconciling Services

Patients are charged for involvement in occupational therapy according to the services provided (see policy on occupational therapy charge system). The therapist or technician is responsible for filling out daily records of service, and charges are entered into the HBOC system.

What is Recreational Therapy/Therapeutic Recreation?

Rec therapy uses various cognitive, emotional, and social conditions associated with illness, injury or chronic disabilities. RT includes an education component, which enables individuals to become more informed and active partners in their health care by using activity to cope with stress of illness and disability. Furthermore, these services assist individuals with managing their disabilities so they achieve and maintain optimal levels of independence, productivity and well-being, and enter into the mainstream of community life.

What is a CTRS?

A CTRS is a Certified Therapeutic Recreation Specialist. This professional has passed an exam by the National Council for Therapeutic Recreation Certification.

What is the RT Intervention Process?

Assessment: The patient's leisure skills and pursuits are assessed.

Plan: RT develops a program based on the client's needs, which are determined from the assessment.

Implementation: Program plan is put into action. Client Behaviors and outcomes are documented.

Evaluation: RT evaluates program and client progress. Necessary changes are made to the program. Patient is transitioned back into the community.

What are some common RT Interventions?

- Values Clarification
- Bibliotherapy
- Horticulture Therapy
- Humor
- Relaxation Techniques
- Aromatherapy
- Tai Chi
- Adventure/Challenge Therapy
- Assertiveness Training
- Social Skills Training
- Animal-Assisted Therapy
- Aquatic Therapy
- Creative Arts
- Reality Orientation
- Reminiscence
- Sensory Training

What are some benefits from Rec Therapy?

Physical Benefits:

- Manipulating board games pieces improves eye-hand coordination.
- Participating in active sports/games enhances overall health and wellness.
- Riding a bike improves general physical and motor function as well as increases balance.

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Cognitive Benefits:

- Learning song increases short and long term memory.
- Educational computer games enhance memory and new learning.
- Board/card games enhance problem-solving skills and increase concentration.

Emotional Benefits:

- Exercise reduces stress
- Group initiative activities improve social skills, socialization, cooperation, and interpersonal interactions.
- Learning/mastering a new activity skill increases self-esteem, self-concept, and adjustment to disability.

Social Benefits:

- Social skills training assists in appropriate participant behavior.
- Participating in activities decreases isolation and loneliness.
- Assertiveness training enhances self-confidence.